

State of Alaska FY2007 Governor's Operating Budget

Department of Health and Social Services Public Health Results Delivery Unit Budget Summary

Public Health Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Public Health is to protect and promote the health of Alaskans.

Core Services

The Division of Public Health core services are:

- Prevention and control of epidemics and the spread of infectious disease;
- Prevention and control of injuries;
- Prevention and control of chronic disease and disability;
- Preparation for and response to disasters (natural disasters and terrorist attack);
- Assurance of access to early preventive services and quality health care;
- Protection of the population against environmental hazards that impact human health; and
- Ensuring effective and efficient management and administration of public health programs and services.

These services are primarily population-based and focused on achieving and preserving the health and well being of entire communities and populations. Professional staff monitor and assess the health status of Alaskans through the collection and analysis of vital statistics, behavioral risk factor data, and data on disease and injury, including forensic data from postmortem examinations. The Division uses these data and other scientific information and expertise to develop sound policy and deliver disease control and health promotion services to protect and improve the health of Alaskans.

The Division helps achieve public health goals by assuring public health services are available by encouraging, supporting and sometimes requiring their development by others, and by providing services directly when unavailable from other providers. Staff also conduct disease surveillance and investigation and provide treatment consultation, case management and laboratory testing services to control outbreaks of communicable diseases and prevent epidemics. The Division promotes healthy behaviors by educating citizens, and mobilizing and supporting community action to reduce health risks. Outreach activities are conducted to link high-risk and disadvantaged people to needed services and direct treatment and clinical preventative services are provided to these populations.

End Results	Strategies to Achieve Results
<p>A: Outcome Statement: Healthy people in healthy communities</p> <p><u>Target #1:</u> Alaska's TB rate is less than 6.8/100,000 population. <u>Measure #1:</u> TB rate.</p> <p><u>Target #2:</u> Alaska's Chlamydia rate is less than 590/100,000 population. <u>Measure #2:</u> Chlamydia rate.</p> <p><u>Target #3:</u> Alaska's coronary heart disease death rate is less than 120/100,000 population. <u>Measure #3:</u> Heart disease death rate.</p> <p><u>Target #4:</u> Alaska's overall cancer death rate is less than 180/100,000 population. <u>Measure #4:</u> Cancer death rate.</p>	<p>A1: Reduce the risk of epidemics and the spread of infectious disease.</p> <p><u>Target #1:</u> 95% of persons with TB complete adequate treatment regimen. <u>Measure #1:</u> Percent of persons with TB completing treatment regimen.</p> <p><u>Target #2:</u> At least 98% of Chlamydia cases will complete adequate treatment, as defined by CDC's STD Treatment Guidelines. <u>Measure #2:</u> Percent of persons with STD completing treatment regimen.</p> <p>A2: Reduce suffering, death and disability due to chronic disease.</p> <p><u>Target #1:</u> Less than 19% of high school youth in Alaska</p>

Target #5: Reduce Alaska's unintentional injury death rate to 50/100,000 population.

Measure #5: Unintentional injury death rate.

use tobacco products.

Measure #1: Prevalence of tobacco use in Alaskan youth.

A3: Reduce suffering, death and disability due to injuries.

Target #1: Increase seatbelt use to 80%.

Measure #1: Percent of properly restrained occupants in a motor vehicle.

A4: Assure access to early preventative services and quality health care.

Target #1: More than 60% of women of childbearing age will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects.

Measure #1: Percent of women reporting knowledge of folic acid benefits.

Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually.

Measure #2: Percent of licensed and certified long-term care facilities surveyed and recertified annually.

A5: Minimize loss of life and suffering from natural disasters and terrorist attack.

Target #1: 25% of the Division of Public Health staff is trained in disaster response techniques and procedures.

Measure #1: Percent of DPH staff trained.

A6: Reduce Alaskans' exposure to environmental human health hazards.

Target #1: State lab has validated methods to test people for 100% of the important PCBs, pesticides and trace heavy metals.

Measure #1: Each new testing method validated as required by CLIA.

FY2007 Resources Allocated to Achieve Results

FY2007 Results Delivery Unit Budget: \$83,184,300

Personnel:

Full time	494
Part time	22
Total	516

Performance Measure Detail

A: Result - Outcome Statement: Healthy people in healthy communities

Target #1: Alaska's TB rate is less than 6.8/100,000 population.

Measure #1: TB rate.**Annual TB Rate per 100,000 population**

Year	US	Alaska
2000	5.8	17.2
2001	5.6 -3.45%	8.5 -50.58%
2002	5.2 -7.14%	7.6 -10.59%
2003	5.1 -1.92%	8.8 +15.79%
2004	4.9 -3.92%	6.6 -25.00%

Analysis of results and challenges: Tuberculosis has been a longstanding problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, utilizing 10% of the entire 1946 state budget and additional federal resources, led to one of the state's most visible public health successes - major reductions in TB. Tremendous inroads have been made to control TB in Alaska, although periodic outbreaks, usually in rural Alaska, have taxed both local and state resources. In 2000, Alaska had the highest rate of TB of any state in the country and additional funding was needed to effectively control two large outbreaks. In 2004, a multi-village outbreak involving Bethel and several surrounding Yukon-Kuskokwim villages again required additional public health resources and enhanced local response efforts. Unrelated to that outbreak, four Alaskans died with TB in 2004 because of delayed diagnosis and treatment - three Alaska Native elders and a Laotian. On an ongoing basis, even when there are no outbreaks, significant resources are needed to do the TB case finding, diagnostic tests and treatment follow-up necessary to keep this disease in check. In addition, for every person with TB, there are, on average, 16 people who were exposed and must also be found, evaluated, and often treated as well.

Despite the outbreak and deaths in 2004, Alaska still had the lowest rate of TB ever recorded for the State. However, we can expect to see additional outbreaks in the future. Tuberculosis remains a major public health problem in many regions of Alaska and will remain so for the foreseeable future. A strong public health team, knowledgeable about current issues of TB control, is necessary if we hope to eradicate the disease once called the "Scourge of Alaska."

Target #2: Alaska's Chlamydia rate is less than 590/100,000 population.

Measure #2: Chlamydia rate.**Chlamydia rate per 100,000 of population**

Year	Annual
1999	304
2000	413 +35.86%
2001	429 +3.87%
2002	594 +38.46%
2003	596 +0.34%
2004	604 +1.34%

Analysis of results and challenges: Sexually transmitted infections remain major causes of illness in Alaska and may have serious health consequences. New infectious agents and diseases are being detected, and some diseases once under control have reemerged in recent years. In addition, antimicrobial resistance is evolving over time.

Many challenges remain. Targeted screening with more sensitive technologies, as well as increased disease investigation activities, have actually increased the total numbers of STD cases diagnosed. These activities effectively identify infected individuals with no symptoms and also allow identification and treatment of other

exposed individuals before they develop symptoms or further transmit infection. Case numbers are expected to decline over time as these activities reduce the reservoir of infected individuals in the population.

After three years with the highest chlamydia infection rate in the United States, Alaska ranked second nationally in annual chlamydia rates in 2004. Alaska's 2004 chlamydia infection rate was 604 cases per 100,000 population, with 3,956 cases reported. This represented a 1% increase over the 3,900 cases reported in 2003, and was the smallest annual increase since 1999. Identification, notification, testing, and treatment of sexual contacts of STD cases are time-tested, effective strategies for the HIV/STD Program. In combination with targeted screening and treatment activities, these strategies are effective in containing chlamydia and many other sexually transmitted infections. The basic public health infrastructure for STD and HIV prevention and control is in place: public health laboratory services, public health capacity for patient and partner follow up, and capacity to provide epidemiologic support, data analysis, and data dissemination. Some elements of this infrastructure (e.g., partner notification services) currently need additional resources to strengthen and expand them to respond to increased needs; all elements require ongoing maintenance and monitoring. Most of the financial resources currently identified to support STD prevention and control are federal, and funding has declined over time.

Target #3: Alaska's coronary heart disease death rate is less than 120/100,000 population.

Measure #3: Heart disease death rate.

Coronary Heart disease death rate per 100,000

Year	Alaska	US
1999	131.5	194.6
2000	137.7 +4.71%	186.7 -4.06%
2001	136.7 -0.73%	177.8 -4.77%
2002	118 -13.68%	170.8 -3.94%
2003	126.5 +7.20%	162.6 -4.80%
2004	91.4 -27.75%	N/A

Analysis of results and challenges: Nationally, heart disease is the leading cause of death for all Americans. An estimated 12 million men and women have a history of coronary heart disease (the most common form of heart disease). In 1998, almost 460,000 people died of coronary heart disease (44% of these deaths were from heart attacks). Although death rates from coronary heart disease have declined since the late 1960s, the decline has slowed since 1990. The lifetime risk for developing this disease is very high in the United States. One of every two males and one of every three females aged 40 years and under will develop it sometime in their life.

Heart disease is the second leading cause of death in Alaska, and cerebrovascular disease (most commonly referred to as stroke) is the fourth leading cause of death in Alaska. Over the past decade, Alaska's age-adjusted mortality rate for coronary heart disease has continued to decline. This mirrors the national trend, although Alaska's rates fall consistently below those found in the U.S. overall. In 2002 and again in 2004 (albeit with preliminary data only), Alaska's coronary heart disease death rates fell below the Healthy Alaskans 2010 target.

The target for Healthy Alaskans 2010 is 120.

Target #4: Alaska's overall cancer death rate is less than 180/100,000 population.

Measure #4: Cancer death rate.

Cancer death rate per 100,000 of population

Year	Alaska	US
1999	192.5	200.8
2000	209.6	199.6

	+8.88%	-0.60%
2001	192.2	196.0
	-8.30%	-1.80%
2002	189.4	193.5
	-1.46%	-1.28%
2003	187.7	189.3
	-0.90%	-2.17%
2004	172.8	N/A
	-7.94%	

Analysis of results and challenges: Cancer is not a single disease, but rather a constellation of more than 100 related diseases. Everyone is at risk of cancer. In the United States, half of all men and one-third of all women will develop cancer during their lifetimes. Of the approximately 491,000 Americans who are diagnosed with cancer in any given year, four of every ten are expected to still be living five years after diagnosis. Cancer was rarely seen in Alaska during the 1950s, but in the 1990s cancer was the leading cause of death in Alaska.

Over the past 10 years, the overall cancer death rate in Alaska has declined, closely mirroring the decline seen in U.S. cancer mortality rates for the same period.

The Healthy Alaskans 2010 target is 162.

Target #5: Reduce Alaska's unintentional injury death rate to 50/100,000 population.

Measure #5: Unintentional injury death rate.

Unintentional injury death rate per 100,000 population

Year	Alaska	US
1999	57.5	35
2000	63.5	34.8
	+10.43%	-0.57%
2001	61.1	35.7
	-3.78%	+2.59%
2002	59.3	37
	-2.95%	+3.64%
2003	55.1	36.3
	-7.08%	-1.89%
2004	52.3	N/A
	-5.08%	

Analysis of results and challenges: Injuries are a significant public health and social services problem because of the prevalence of injuries, the toll of injuries on the young, and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries. Unintentional injuries were the third leading cause of death in Alaska in 1998. Unlike heart disease and cancer, which are the leading causes of death among the elderly, injuries are the leading cause of death in children and young adults.

The Division of Public Health along with its many partners continues to see the benefits of actions related to injury control and prevention. The Safe Boating Act and Kids Don't Float are only two examples of the activities that contribute to success in reaching and maintaining this target. The Division of Public Health's Injury Control Program will continue to partner with others and to use surveillance and prevention strategies to understand and target interventions.

A1: Strategy - Reduce the risk of epidemics and the spread of infectious disease.

Target #1: 95% of persons with TB complete adequate treatment regimen.

Measure #1: Percent of persons with TB completing treatment regimen.

% of Persons with TB Completing Treatment Regimen

Year	Annual
2002	95%
2003	93%
2004	63%*

*Treatment requires up to 1 year. 2004 data are preliminary. A final completion rate of 90% or greater is expected when all cases are closed.

Analysis of results and challenges: The highest priority for TB control is to ensure that persons with the disease are diagnosed early, and complete curative therapy. If treatment is not continued for a sufficient length of time, people with TB become ill and contagious again, sometimes with resistant TB the second time. Completion of therapy is essential to prevent transmission of the disease as well as to prevent the development of drug-resistant TB. The measurement of completion of therapy is an important indicator of the effectiveness of community TB control efforts.

Target #2: At least 98% of Chlamydia cases will complete adequate treatment, as defined by CDC's STD Treatment Guidelines.

Measure #2: Percent of persons with STD completing treatment regimen.

% of Chlamydia cases completing adequate treatment

Year	Annual
2003	99.5%
2004	99.6%

Analysis of results and challenges: HIV/STD Program staff follow-up to assure treatment for all reported cases. Given such follow-up, very few cases are identified that are not treated consistent with the current national recommendations. Challenges include maintaining resources necessary to assure identified infections are appropriately treated, and carefully evaluating recommended treatment modalities to assure they are efficacious.

A2: Strategy - Reduce suffering, death and disability due to chronic disease.

Target #1: Less than 19% of high school youth in Alaska use tobacco products.

Measure #1: Prevalence of tobacco use in Alaskan youth.

Prevalence of tobacco use in Alaska youth in past 30 days (per YRBS survey)

Year	Alaska	US
1999		34.8
2001		28.5
		-18.10%
2003	19.3	21.9
		-23.16%

Analysis of results and challenges: Many Alaskans are currently at risk for developing cardiovascular disease due to such risk factors as smoking, overweight, poor diet, sedentary lifestyle, high blood pressure and cholesterol, and lack of preventive health screening. Smokers' risk of heart attack is more than twice that of nonsmokers. Chronic exposure to environmental tobacco smoke (second-hand smoke) also increases the risk of heart disease. Cigarette smoking is also an important risk factor for stroke.

Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20 years. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people, enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.

In 1995, 37% of Alaska youth reported smoking at least once in the last thirty days, compared with 19% in 2003. Data is available from the Youth Risk Behavior Survey when enough Alaska schools participate to give results that can be generalized to the high school population as a whole in the State. This has been the case

in 1995 and 2003. Surveys occurred in other years, however, they did not have enough participants to provide statewide results. It is the goal of the Division of Public Health to continue to work with schools to collect a representative sample every other year.

Healthy Alaskans 2010 target is 19.0%.

A3: Strategy - Reduce suffering, death and disability due to injuries.

Target #1: Increase seatbelt use to 80%.

Measure #1: Percent of properly restrained occupants in a motor vehicle.

Seat Belt Use by Drivers and Passengers

Year	Alaska	US
1999	60.6	67.0
2000	61.3 +1.16%	71.0 +5.97%
2001	62.6 +2.12%	73.0 +2.82%
2002	65.8 +5.11%	73.0 0%
2003	78.9 +19.91%	79.0 +8.22%
2004	77.0 -2.41%	80.0 +1.27%

Analysis of results and challenges: Injuries are a significant public health and social services problem because of their prevalence, the toll of injuries on the young and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries and death. Unintentional injuries were the third leading cause of death in Alaska in 2004.

Studies have shown that a primary seatbelt enforcement law that allows police to stop and cite motorists for failing to comply with the seatbelt law is most effective in reaching a higher level of seatbelt use compliance. The Alaska Legislature ended its 2005 session with such a bill close to – but still awaiting – final passage. Efforts are ongoing to increase seatbelt use through public information messages and other targeted activities. However, a legislative change and additional resources may be needed to achieve the target.

The Healthy Alaskans 2010 target is 80 percent.

A4: Strategy - Assure access to early preventative services and quality health care.

Target #1: More than 60% of women of childbearing age will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects.

Measure #1: Percent of women reporting knowledge of folic acid benefits.

Knowledge of Folic Acid Benefits, Alaska

Year	Overall	Alaska Native
1999	77.5	60.9
2000	80.8 +4.26%	62.3 +2.30%
2001	80.5 -0.37%	63.1 +1.28%
2002	80.8 +0.37%	63.5 +0.63%
2003	82.0 +1.49%	65.3 +2.83%

Analysis of results and challenges: Folic acid knowledge among Alaskan mothers is increasing. The

proportion of women who indicated that they knew about the benefits of folic acid increased from 63.0% in 1996 to 82.0% in 2003.

The proportion of Alaska Native mothers who knew about the benefits of folic acid increased by 65% between 1996 and 2003. While the prevalence of folic acid knowledge among Alaska Native mothers of newborns was still substantially lower than overall levels, the gap in knowledge between Alaska Natives and Alaskan mothers overall appears to be closing.

Starting in 2000, the proportion of mothers of newborns who are knowledgeable about the benefits of folic acid appears to have plateaued around 80%.

For women of childbearing age, increasing folic acid use by taking multivitamins before and during pregnancy can reduce the risk of neural tube birth defects. Numerous public education campaigns have sought to increase women's knowledge of the benefits of folic acid supplementation and educate them especially about the importance of the timing (pre-pregnancy supplementation is ideal). Efforts should focus on increasing the overall knowledge prevalence to 90% and minimize racial disparities.

Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually.

Measure #2: Percent of licensed and certified long-term care facilities surveyed and recertified annually.

% of licensed and certified long-term care facilities surveyed and re-certified annually

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2002	42.86	21.43	21.43	14.29	100%
2003	21.43	42.86	14.29	21.43	100%
2004	35.71	21.43	21.43	14.29	92.86%
2005	26.67	33.33	13.33	20	93.33%

Analysis of results and challenges: The annual required schedule for nursing home surveys is driven in large part by federal certification requirements. Surveys are to be completed within a 9- to 15-month period. Certification and Licensing may not appear to meet the licensing and certification within a given calendar or fiscal year. However, it will consistently meet federal and state certification and licensing survey requirements. The Section's scheduling is affected by significant increases or decreases in complaints or reports of harm, and by significant changes in staff resources.

A5: Strategy - Minimize loss of life and suffering from natural disasters and terrorist attack.

Target #1: 25% of the Division of Public Health staff is trained in disaster response techniques and procedures.

Measure #1: Percent of DPH staff trained.

and % of DPH staff trained in disaster preparedness

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2005			70	103	27%

Analysis of results and challenges: Disaster response training for DPH staff is enabling DPH to carry out its role in disaster response operations. Training is the critical link between planning and action and permits all concerned to maintain a common knowledge base. While training did take place in the first half of fiscal year 2005, significant strides were made in the second half with the appointment of a disaster response training coordinator and staff. Further progress is expected in FY06.

The percentage above reflects these numbers: 484 total DPH employees at the end of FY05; 70 received training in the 3rd Quarter and 103 received 4th Quarter training. The total, unduplicated, number of employees who received training in the second half of FY05 was 130. (Of 484 total employees, the 130 who received training is 27 percent.)

A6: Strategy - Reduce Alaskans' exposure to environmental human health hazards.

Target #1: State lab has validated methods to test people for 100% of the important PCBs, pesticides and trace heavy metals.

Measure #1: Each new testing method validated as required by CLIA.

% testing methods for PCBs, pesticides and heavy metals validated by CLIA

Year	Target	Actual
2005	75%	50%
2004	10%	10%

Analysis of results and challenges: PCBs, pesticides and trace heavy metals can affect human health, especially that of the developing fetus. The chief concern in Alaska centers on the presence of contaminants in traditional foods. Generally these foods are very nutritious and offer a number of health benefits. This testing measures human exposure to contaminants and verifies the safety of traditional foods. For years, the federal government, through the Clinical Laboratory Improvement Amendments (CLIA) process, has certified the state lab. However, no chemical testing (for PCBs, etc.) was offered at the lab until 2004.

Key RDU Challenges

With final elements of the recent Department reorganization falling into place, the focus remains on delivery of public health services. As the provision of some direct clinical preventive services is transitioned to other health care partners, DPH and the Department will need to review and evaluate the impacts of these changes on the public's health, and on overall access to preventive care. It is critical that the RDU and the Department clearly communicate and effectively coordinate this transition of services with tribal, non-profit and private-sector providers, and that the effectiveness, accessibility and quality of transitioned services be monitored to assure access to high-quality health care services for poor and vulnerable populations. In those areas where other providers are not yet able to provide clinical preventive services for additional clients, Public Health Nurses must continue to provide services for those who would not otherwise receive them.

A related challenge continues to be the increasing demand for disease control services to Alaska's growing population. To assure the level of public health services necessary to protect Alaskans and our visitors against preventable diseases, there is a need to assure an adequate Public Health Nursing workforce – the “foot soldiers” of Alaska's public health system. The most basic and mandated responsibility of the Division is to protect the public's health. Disease control is central to delivering on that responsibility. Disease control is critical to Alaska's viability as a tourist destination and a place where businesses want to operate.

Other challenges for the Division of Public Health include:

- Creating two new Sections - Injury Prevention and Emergency Medical Services (IPEMS) and Chronic Disease Prevention and Health Promotion (CDPHP) - to better protect Alaskans from injury and disease while successfully maintaining focus on the other important core functions of the RDU.
- Recruiting and retaining volunteer Emergency Medical Services providers, the public health workforce and primary care providers.
- Obtaining adequate long-term funding to support and enhance the existing capability to prevent and intervene in the transmission of communicable diseases, to respond to potential bio-terrorism attacks and to maintain this capacity over time.
- Continuing to emphasize the overall efforts of the Division and other health partners to increase the level of children less than two years old who are fully immunized.
- Identifying workforce development issues – including lower, non-competitive salaries when compared with similar agencies – and implementing new strategies for improving recruitment, retention and support for qualified staff at all levels statewide.
- Implementing the consolidation of Certification & Licensing functions into the RDU, including all necessary regulatory changes.
- Continuing to build on progress made by reducing youth smoking for tobacco prevention and control, which will strengthen efforts to lessen the negative impact of tobacco on all Alaskans.
- Continuing to enhance and strengthen the Child Fatality Review Team to make sure suspicious or untimely

- deaths are reviewed and, if necessary, properly investigated.
- Fully implementing a performance-based management approach within the RDU that will deliver the best possible results to the people of Alaska in an efficient and effective manner.

Significant Changes in Results to be Delivered in FY2007

The RDU is strengthening its focus on keeping Alaskans safe and secure from infectious disease and public health emergencies. Increased funding for disease control, laboratory services, front-line nursing work, immunization and disease registries and antiviral medicines will help Alaska better prepare for and hopefully prevent disease outbreaks.

Initiatives planned for FY07 will sustain and strengthen the foundation of core public health functions. These additional building blocks will help combat longstanding health problems and also allow the Department to respond more quickly to public health emergencies – to track the situation, to mount mass vaccination and prophylaxis clinics if necessary, to rapidly diagnose cases, and to institute control measures to contain the spread of disease. The proposed immunization registry and an enhanced electronic disease surveillance capacity will help ensure that each child is protected from devastating vaccine-preventable diseases, and support rapid identification and control of disease outbreaks. The initiative will establish a small supply of antiviral drugs in Alaska.

The State Medical Examiner's Office is undertaking a three year improvement plan in FY06-FY08 which will improve the services to the public as well as allow the office to receive national accreditation. Requested funding will provide the State Medical Examiner's Office with sufficient staffing to perform the full range of death investigations under their mission, and to support needed improvements in safety and operations at the SME facility in Anchorage.

The new Section of Chronic Disease Prevention and Health Promotion will bring new focus to RDU efforts to better inform Alaskans of the importance of making healthier decisions about their lives – especially regarding diet, exercise and tobacco use.

A comprehensive revision of state public health statutes, approved by the Legislature in 2005, gives DPH and the Department clear legal authority to identify and control newly emerging and existing health threats while protecting Alaskans' individual rights. Much work is in store to implement the new law, including writing and adopting regulatory changes made necessary by the legislation.

Major RDU Accomplishments in 2005

In FY05, Public Health Nurses in Alaska provided 130,721 visits to 78,784 individual patients.

The Breast and Cervical Health Check program continued its lifesaving work. Since its inception in 1995, the program has provided over 60,000 cancer screenings to nearly 25,000 individuals who are medically underserved. Of those women, 159 cases of breast cancer, 25 cases of cervical cancer and 1,227 pre-cancerous conditions have been diagnosed.

Distributed and installed at least 4,188 smoke alarms in residences throughout the state to help prevent deaths from house fires; enrolled 2,977 rural and low-income households (in at least 52 villages) in the fire prevention/smoke alarm installation program – with the potential of 20 lives saved.

Supported the installation and maintenance of approximately 408 "Kids Don't Float" life jacket loaner sites in 152 communities in all regions of Alaska by providing personal flotation devices. Since 1998, this program has resulted in nine documented cases of prevented drowning.

The RDU maintained certification of over 3,500 Emergency Medical Technicians (EMT), Emergency Medical Services (EMS) Instructors, Emergency Medical Dispatchers, and Defibrillator Technicians, and certified or recertified approximately 70 ground emergency medical services, 22 air medical services, and 3 hospital trauma centers.

100 percent of newborns in Alaska were screened for metabolic disorders and nearly 90 percent were screened for hearing loss prior to discharge from the hospital or within one month of birth. In addition, a new web-based reporting system was implemented for all newborns to be entered with their screening results for tracking and follow up.

The Oral Health for Children and Adults program completed its first statewide oral health assessment of Alaska children

with high rates of dental decay. The survey documented Alaska as one of five states to meet the national Healthy People 2010 dental sealant target of 50% or more children with dental sealants on at least one permanent molar (Alaska's rate was 52.4%).

DPH collaborated with Department leadership, the Governor's Office and lawmakers to win passage of three vital pieces of public health legislation: a comprehensive new public health law, replacement of the Fairbanks virology lab and consolidation of state certification and licensing functions.

The Division continued an aggressive immunization campaign at the state and local level to assure that Alaska's children are immunized against preventable childhood diseases.

The Bureau of Vital Statistics continued its efforts to improve customer service to the public. Despite processing about 60,000 requests for vital records, the time required for issuing certified copies of vital records has remained low. Mailed requests for vital records are now usually processed within two to three business days of receipt, compared to one to two weeks in previous years. Faxed requests are now typically processed within one business day.

The website on informed consent for abortion was developed and implemented successfully.

The Section of Laboratories implemented faster testing procedures for influenza types A & B, thus allowing for more rapid and accurate detection of flu (one day as opposed to one week).

The Anchorage Laboratory's ABSL3 laboratory achieved accreditation from Association for Assessment and Accreditation of Laboratory Animal Care and now has the ability to test, in-house, for botulism.

Contact Information

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**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2005 Actuals				FY2006 Management Plan				FY2007 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
None.												
Non-Formula Expenditures												
Nursing	9,611.9	1,190.4	7,806.6	18,608.9	10,305.7	2,585.7	7,555.0	20,446.4	11,801.4	2,679.8	8,478.9	22,960.1
Women, Children and Family Healt	0.0	0.0	0.0	0.0	1,042.6	4,776.0	1,498.3	7,316.9	1,137.5	4,992.7	1,502.0	7,632.2
Public Health Admin Svcs	267.9	1,436.9	28.6	1,733.4	313.6	1,724.9	114.7	2,153.2	332.5	1,779.5	114.7	2,226.7
Certification and Licensing	727.2	1,423.4	192.7	2,343.3	1,057.2	3,261.1	489.3	4,807.6	1,299.6	3,406.0	744.1	5,449.7
Chronic Disease Prev/Hlth Promo	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	526.7	5,324.5	621.4	6,472.6
Epidemiology	1,871.3	10,187.1	828.5	12,886.9	2,278.7	12,652.1	1,332.1	16,262.9	4,233.5	8,229.7	629.5	13,092.7
Bureau of Vital Statistics	91.6	251.6	1,486.8	1,830.0	84.1	244.6	1,822.3	2,151.0	170.2	246.4	1,823.6	2,240.2
Community Health/EMS Services	881.5	4,133.5	246.3	5,261.3	810.4	4,083.6	169.3	5,063.3	843.9	4,156.4	171.2	5,171.5
Community Health Grants	1,463.2	0.0	500.0	1,963.2	1,963.2	0.0	0.0	1,963.2	1,963.2	0.0	0.0	1,963.2
Emergency Medical Svcs Grants	1,710.1	0.0	0.0	1,710.1	1,710.1	0.0	0.0	1,710.1	1,710.1	0.0	0.0	1,710.1
State Medical Examiner	1,218.4	0.0	0.0	1,218.4	1,403.8	0.0	21.7	1,425.5	1,977.9	0.0	21.7	1,999.6
Public Health Laboratories	2,907.6	1,730.6	49.7	4,687.9	2,836.4	2,274.9	668.1	5,779.4	4,013.4	2,334.9	872.1	7,220.4
Tobacco Prevention and Control	0.0	0.0	2,863.5	2,863.5	0.0	0.0	4,545.3	4,545.3	0.0	0.0	5,045.3	5,045.3
Totals	20,750.7	20,353.5	14,002.7	55,106.9	23,805.8	31,602.9	18,216.1	73,624.8	30,009.9	33,149.9	20,024.5	83,184.3

Public Health
Summary of RDU Budget Changes by Component
From FY2006 Management Plan to FY2007 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2006 Management Plan	23,805.8	31,602.9	18,216.1	73,624.8
Adjustments which will continue current level of service:				
-Nursing	422.0	78.7	320.6	821.3
-Women, Children and Family Health	86.1	191.3	3.1	280.5
-Public Health Admin Svcs	12.1	42.0	0.0	54.1
-Certification and Licensing	82.7	126.2	0.0	208.9
-Chronic Disease Prev/Hlth Promo	525.0	5,295.0	620.7	6,440.7
-Epidemiology	-427.1	-4,770.3	-702.6	-5,900.0
-Bureau of Vital Statistics	72.4	1.5	1.1	75.0
-Community Health/EMS Services	28.2	60.8	1.6	90.6
-State Medical Examiner	62.0	0.0	0.0	62.0
-Public Health Laboratories	125.6	50.4	3.4	179.4
Proposed budget decreases:				
-Certification and Licensing	0.0	0.0	-145.2	-145.2
Proposed budget increases:				
-Nursing	1,073.7	15.4	603.3	1,692.4
-Women, Children and Family Health	8.8	25.4	0.6	34.8
-Public Health Admin Svcs	6.8	12.6	0.0	19.4
-Certification and Licensing	159.7	18.7	400.0	578.4
-Chronic Disease Prev/Hlth Promo	1.7	29.5	0.7	31.9
-Epidemiology	2,381.9	347.9	0.0	2,729.8
-Bureau of Vital Statistics	13.7	0.3	0.2	14.2
-Community Health/EMS Services	5.3	12.0	0.3	17.6
-State Medical Examiner	512.1	0.0	0.0	512.1
-Public Health Laboratories	1,051.4	9.6	200.6	1,261.6
-Tobacco Prevention and Control	0.0	0.0	500.0	500.0
FY2007 Governor	30,009.9	33,149.9	20,024.5	83,184.3